

Endometrial ablation doesn't increase cancer risk

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percent of women had post-ablation hysterectomy. Compared with 26,938 [women](#) in a control group, the risk of hysterectomy was almost four-fold in the endometrial ablation cohort (adjusted hazard ratio, 3.63; 95 percent confidence interval, 3.32 to 3.96). Leiomyomas, age younger than 35 years, at least two prior cesarean deliveries, and history of sterilization were factors that predisposed patients to post-ablation hysterectomy.

"Endometrial [ablation](#) was not associated with an elevated endometrial cancer or breast [cancer](#) risk in Finland," the authors write.

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(HealthDay)—For women in Finland, endometrial ablation is not associated with increased risk of endometrial or breast cancer, according to a study published in the September issue of *Obstetrics & Gynecology*.

Tuuli Soini, M.D., from the Hyvinkää Hospital in Finland, and colleagues conducted a retrospective study involving women with endometrial ablation at ages 30 to 49 years in Finland. The authors examined cancer incidences in the endometrial ablation cohort compared with those in the background population of the same age.

During the follow-up of 39,892 women-years, the researchers identified 154 cancers (standardized incidence ratio, 0.96; 95 percent confidence interval, 0.82 to 1.13) among 5,484 women treated with endometrial ablation. For endometrial cancer and [breast cancer](#), the standardized incidence ratios were 0.56 (95 percent confidence interval, 0.12 to 1.64) and 0.86 (95 percent confidence interval, 0.67 to 1.09), respectively. Overall, 19.8

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